CANDIDATE / OFFICEHOLDER

FORM C/OH

CAMPAIG	ON FINANCE REP	ORI	5205		Cover Si	HEET PG 1
The C/OH INSTRUCT	on Guide explains how to co	omplete 1	ACCOUNT# (Ethics Commissi	on lifers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST Shahe		МІ		OFFICE USE ONLY	
	NICKNAME LAST	10175		SUFFIX	Date Received	
CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX, APT / SUITE #:	ot Dr		ZIP CODE		3
Change of Address	Bryon, Tex	ন্	77801		Date Hand-delivered پر در	or Dale Postmarked
CAMPAIGN TREASURER NAME	TITLE FIRST	ð(МІ	Receipt #	-
	NICKNAME LAST			SUFFIX	Date Processed	Amount
	Del	icon			Date Imaged	
CAMPAIGN TREASURER ADDRESS (Residence or business)				STATE:	ZIP CODE	
	Austh, TX 7	8701				
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) $478 - 5$		EXTENSION	1		
REPORT TYPE	January 15 30th day be	eforé efection	Runoff		15th day after ca appointment (office	
	July 15 8th day before	ore election	Exceeded 5	\$500 limit	Final report (Altac	th C/OH - FR)
PERIOD COVERED	Month Day Year 01/01/02	THROUGH	Month O G	Day / 30 /	Year / 0 2	
ELECTION	ELECTION DATE ELI	FCTION TYPE Primary	Runaft		General	Special
OFFICE	OFFICE HELD (if any)	у зрази				
NOTICE OF DIRECT CAMPAIGN	•• Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ••					
EXPENDITURE BY OTHER INDIVIDUALS	Name					
-	Address / PO Box: Apt / Surte #. City:	Stale; Zip Code	e			
additional pages						
	GC	TO PAG	E 2	<u> </u>		<u> </u>

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPORT	I & IOIAL	_5	COVER SHEET PG 2		
14 C/OH NAME	Shone	Phells	15 ACCOUNT#(Libros Commission filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	 This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to rep this information only if they receive notice of such expenditures. 				
COMMITTEE(S)	COMMITTEE TYPE				
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
additional μages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 NO REPORTABLE ACTIVITY	Check here if r	no reportable activity occurred during this reporting period. (Sign affidavit belo	w and submit pages 1 and 2 only)		
18 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNI ESS ITEMIZED	\$ 0		
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	3. TOTAL P	\$			
	4. TOTAL	\$ 34/00			
OUTSTANDING LOAN TOTALS	5. TOTAL P LAST DA	\$ 34/00			
9 AFFIDAVIT					
		I swear, or affirm, under penalty of per is true and correct and includes all informe under Title 15, Election Code. Signature of Calvilidate	rmation required to be reported by		
AFFIX NOTARY STAMP /	SEAL ABOVE				
Sworn to and subscribed of July, 20_	d before me, by the	e said <u>SHANE PHELPS</u> y which, witness my hand and seal of office.	this the 17 day		
Signature of officer admir	nistering oath		UESTIGATOA officer administering oath		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form. 1 Total pages			Schedule G:		
FILER NAM	ME	3 ACCOUNT# (E	3 ACCOUNT # (Ethics Commission filers)		
Date	5 Payee name Prive Self Stoffs 6 Payee address; City: State: Zip Code AUSTH, TX	e	8 Arnount (\$)		
1/19/02	Rembursement Iroin political contributions				
Date	Payee name Police Self Sitore Payee address; City; State; Zip Code	38	Amount (\$)		
2/1902	Purpose of expenditure (See instructions regarding type of info		Reimbursement from political contributions intended		
Date	Payee name Prive SelfStars Payee address: City; State: Zip Code	8	Amount (\$)		
Zlidsz	Purpose of expenditure (See instructions regarding type of infor	mation required.)	Reimbursement from political contributions intended		
Date 4//23	Payee name Prime Self Stora Payee address; City; State; Zip Code AUSAM TX	55-	Amount (\$)		
	Purpose of expenditure (See instructions regarding type of infor	Reimbursement from political contributions intended			
Date	Payee name Prive Self Sylov Payee address: City: State; Zip Code	ose	Amount (\$)		
1/12	Purpose of expenditure (See instructions regarding type of inform	nation required.)	77.00 Reimbursement		
	Stoage	E	from political contributions intended		

Court Velleth Elethons Division Porton Son Take

P.O. BOX (7.48 Ausham 17.78767